

REQUISITION FOR HIGH RISK SCREENING

Please affix patient label or provide the following details

Name: (First) _____ (Last) _____ DOB: [DD / MMM / YY] OHIP: _____
Telephone number: () _____ Address: _____ Postal Code _____ Date: [DD / MMM / YY]

In order to receive breast screening through the OBSP high risk program (MRI + mammogram), **women must be between 30 and 69 years of age AND:** be at high risk for breast cancer as identified through **Category A** OR have a history suggestive of hereditary breast cancer as identified through **Category B**. Please indicate which category the woman belongs to (see below for details).

Category A:

Eligible for screening with annual MRI + mammography through OBSP due to high risk criteria

▶ Please check **at least one** box:

- Known to be a carrier of a deleterious gene mutation (e.g., BRCA1, BRCA2).
- First-degree relative of a mutation carrier (e.g., BRCA1, BRCA2), has previously had a genetic assessment and has currently declined genetic testing.
- Determined to be at $\geq 25\%$ lifetime risk of breast cancer (must have been assessed using IBIS or BOADICEA tools - See reverse side for definitions).

IBIS: 10 year risk: _____ Lifetime Risk: _____
BOADICEA: 5 year risk: _____ Lifetime Risk: _____

If results are available, fax a copy with referral form.

- Received chest radiation (not x-ray) before age 30 and at least 8 years previously (e.g., as treatment for Hodgkin's lymphoma).

Please complete section on the woman's history, sign and fax to OBSP. OBSP will arrange further assessment through genetics or high risk cancer clinics to determine the woman's eligibility for breast screening through the OBSP high risk program.

Woman's history

Note: If the woman had bilateral mastectomies either as treatment for cancer or for prevention of cancer she is **not eligible** for mammogram or MRI high risk screening through the OBSP.

- Date of most recent mammogram: [DD / MMM / YY] Location: _____
- Date of most recent MRI (if done): [DD / MMM / YY] Location: _____
- Previous genetics assessment for inherited breast cancer risk? Y/N Specify centre: _____

Attach genetic testing results letter if possible

- Previous breast cancer? Y/N

Referred by: _____ CPSO Number:

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Telephone Number: () _____ Fax Number: () _____

Address: _____

Signature: _____ Date: [DD / MMM / YY]

OR

Category B:

May be eligible for screening with annual MRI + mammography through OBSP because of history suggestive of hereditary breast cancer

▶ Please check **at least one** box:

- First-degree relative of a mutation carrier (e.g., BRCA1, BRCA2), has not had a genetic assessment or genetic testing.
- A personal or family history (paternal or maternal) of at least one of the following:

▶ Please check **all that apply**:

- Multiple cases of breast cancer (particularly where diagnosis occurred at ≤ 50 years) and/or ovarian* cancer (any age) in the family – especially in closely related relatives[†], on the same side of the family.
- Primary cancer occurring in both breasts, especially if one or both cancers were diagnosed ≤ 50 years.
- Both breast and ovarian* cancer in the same woman.
- Breast cancer at ≤ 35 years.
- Invasive serous ovarian* cancer.
- Breast and/or ovarian* cancer in Ashkenazi Jewish families.
- An identified BRCA1 or BRCA2 mutation in any blood relative.
- Male breast cancer.

*Includes cancer of the Fallopian tubes and primary peritoneal cancer.

[†] Closely related relative: 1st degree = parent, sibling, child or 2nd degree = grandparent, aunt, uncle, niece, nephew

Introducing changes to the Ontario Breast Screening Program (OBSP)

HIGH RISK SCREENING

As of July 2011, the OBSP was expanded to include screening for women at high risk for breast cancer.

WHO IS ELIGIBLE?

Category A – HIGH RISK SCREENING

Women are deemed eligible for OBSP high risk screening if they:

- Are Ontario residents and have a valid OHIP number;
- Have no acute breast symptoms;
- Are 30 to 69 years of age;

AND meet one of the following four **HIGH RISK CRITERIA**¹:

- Are known to be carriers of a deleterious gene mutation (e.g., BRCA1, BRCA2);
- First-degree relative of a mutation carrier (e.g., BRCA1, BRCA2), has previously had a genetic assessment and has currently declined genetic testing;
- Have been determined to be at $\geq 25\%$ lifetime risk of breast cancer – must have been assessed using either the IBIS or BOADICEA risk assessment tools, preferably by a genetics or breast cancer clinic;
- Have received chest radiation (not x-ray) before age 30 and at least 8 years previously.

IBIS and BOADICEA are breast risk assessment tools that are used to assess the probability of carrying the BRCA gene mutation and the probability of developing breast cancer.² The IBIS and BOADICEA breast risk assessment tools have been chosen as the standard assessment tools for eligibility for high risk screening through the OBSP.

Category B – FURTHER RISK ASSESSMENT

Further risk assessment (at a genetics or high risk breast cancer clinic) is needed if a woman is aged 30-69 and does not initially meet one of the four high risk criteria above, BUT:

- Is a first-degree relative of a mutation carrier (e.g., BRCA1, BRCA2), and has not previously had a genetic assessment.
- Has a personal or family history (**paternal or maternal**) of breast or ovarian cancer suggestive of a hereditary breast cancer syndrome (*refer to form on reverse side for a complete list*) or an identified BRCA1 or BRCA2 mutation in any blood relative.

WHAT IF MY PATIENT IS NOT ELIGIBLE?

If no eligibility category boxes have been checked on the referral form, the woman is not eligible to be screened in the OBSP high risk program and the form does not need to be faxed to OBSP. Please provide information to the woman regarding risk appropriate screening.

HOW DO I ENROLL A PATIENT?

Complete the form on the reverse side and fax it to the OBSP High Risk Screening Centre in your area. Fax numbers are listed on the following page.

The OBSP will arrange for screening if the woman is eligible (mammogram and MRI; if MRI is contraindicated, ultrasound), OR, if appropriate, genetic assessment to determine a woman's eligibility to be screened in the OBSP high risk program.

- i. Normal screening results: OBSP will recall the woman in one year.
- ii. Abnormal screening results (mammogram and/or MRI): OBSP will arrange for diagnostic work-up.

Additional notes:

The healthcare provider will receive genetic assessment/testing results from the genetics clinic.

For the most up to date list of OBSP High Risk Screening Referral Contacts go to www.cancercare.on.ca/obsphighrisk

For more information on the OBSP, go to www.cancercare.on.ca/obsp

To view references for this document,
go to www.cancercare.on.ca/obspresources

Ontario Breast Screening Program (OBSP)

OBSP HIGH RISK SCREENING REFERRAL CONTACTS

Referral Contact	Telephone Number	Fax Number
Chatham-Kent Health Alliance	519 352-6400 x 6563	519 437-6040
Windsor Regional Hospital and Hotel Dieu Grace Hospital	519 253-3191 x 58614	519 255-8688
South West Regional Cancer Program	519 685-8600 x 54506 1 800 461-0640	519 432-0271
Waterloo Wellington Cancer Program	519 749-4300 x 3544	519 749-4232
Hamilton Health Sciences Corporation - Juravinski Hospital	905 389-0101	905 389-5278
William Osler Health Centre	905 494-6628	905 494-6524
The Credit Valley Hospital	1 866 530-4464	1 877 530-4425
St Michael's Hospital	416 864-6040	416 864-5788
Sunnybrook Health Sciences Centre	416 480-5000 x 7938	416 480 4676
Princess Margaret Hospital (UHN)	416 946-2988	416 946-4500
Women's College Hospital	416 323-6358	416 323-6370
Mount Sinai Hospital	416 586-4422	416 586-4714
Markham Stouffville Hospital	905 472-7373 x 7606	905 472-7607
North York General Hospital, Branson Division	416 756-6106	416 756-6353
Lakeridge Health Corporation	905 576-8711 x 6413	905 721-4802
Peterborough Regional Health Centre	705 740-8166 x 2691	705 740-8167
Rouge Valley Health System - Centenary	416 284-8131 x 5329	416 284-3101
Ross Memorial Hospital	705 324-6111 x 4433	705 328-6188
Familial Oncology Program South East Regional Cancer Program	613 544-2631 x 2800	613 545-5722
The Ottawa Hospital Regional OBSP High Risk Centre	613 728-6508	613 728-6333
Simcoe Muskoka Regional Cancer Program	705 728-9090 x 43357	705 792-3325
Timmins & District Hospital	705 360-6012	705 360-6681
Sault Area Hospital	705 759-3434 x 4278	705 759-3663
Thunder Bay Regional Health Sciences Centre	807 684-7777	807 345-6602

For the most current list of OBSP High Risk Screening Referral Contacts, please go to

www.cancercare.on.ca/obsphighrisk

